Appl. No. 10/057,631 Amdt. Dated June 11, 2004 Reply to Office Action of May 14, 2004





IN THE UNITED STATES PATENT & TRADEMARK OFFICE

Appl. No.

10/057,631

Confirmation No. 3298

Applicants

Ronald M. BURCH, et al.

Filed

January 25, 2002

For

Analgesic Combination of Oxycodone and 5-(4-

fluorophenyl)-1-[4-(methylsulfonyl)phenyl]-3-

Trifluoromethyl 1H Pyrazole

TC/A.U.

1639

Examiner

Bennett Celsa

Docket No.

200.1079CON6

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

RESTRICTION REQUIREMENT RESPONSE

Sir:

In response to the Office Action of May 14, 2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 5 of this paper.

FORM PTO-1083

COMMISSIONER FOR PATENTS P.O. Box 1450

P.U. BOX 1450

Alexandria, VA 22314-1450



Docket No.: 200.1079CON6 Date: June 11, 2004

In re application of:

Ronald M. BURCH, et al.

Serial No.: Filed:

10/057,631 January 25, 2002

For:

ANALGESIC COMBINATION OF OXYCODONE AND OXYCODONE AND 5-(4-

FLUOROPHENYL)-1-[4-(METHYLSULFONYL)PHENYL]-3-TRIFLUOROMETHYL 1H

PYRAZOLE

Sir:

[]

Transmitted herewith is a Response to Restriction Requirement in the above-identified application.

[]	Small entity status under 37 C.F.R. 1.9 and 1.27 has been previously established.
[]	Applicants assert small entity status under 37 C.F.R. 1.9 and 1.27.

[x⁻] No fee for additional claims is required.

A filing fee for additional claims calculated as shown below, is required:

	(Col. 1)	(Col. 2)	_	SMALL ENTITY LARGE EN	TITY
FOR:	REMAINING	HIGHEST		RATE FEE OR RATE	FEE
	AFTER	PREVIOUSLY	PRESENT		
	AMENDMENT	PAID FOR	EXTRA	<u> </u>	
TOTAL CLAIMS	Minus	=	0	x \$ 9 \$ x \$ 18 \$	
INDEP. CLAIMS	Minus		0	x \$ 42 \$ x \$ 84 \$	
[] FIRST PRES	ENTATION OF	MULTIPLE DE	EP. CLAIM	+ \$140 \$ + \$280 \$	
			·		

TOTAL:

OR TOTAL:

- f the entry in Co. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

ĮX į	Als	o transm	itted he	rewith	are:
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[] Petition for extension under 37 C.F.R. 1.136 (in duplicate)

X Other:

- Appendix A which includes a chemical structure and a CAS registry number for 5-(4-fluorophenyl)-1-[4-(methylsulfonyl)phenyl]-3-Trifluoromethyl 1H Pyrazole

- Return Postcard

[] Check(s) in the amount of \$.00 is/are attached to cover:

[] Filing fee for additional claims under 37 C.F.R. 1.16

[] Petition fee for extension under 37 C.F.R. 1.136

[] Other:

[X] The Assistant Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0552.

[X] Any filing fee under 37 C.F.R. 1.16 for the presentation of additional claims which are not paid by check submitted herewith.

[X] Any patent application processing fees under 37 C.F.R. 1.17.

[X] Any petition fees for extension under 37 C.F.R. 1.136 which are not paid by check submitted herewith, and it is hereby requested that this be a petition for an automatic extension of time under 37 CFR 1.136.

Robert J. Paradiso, Reg. No. 41,240 DAVIDSON DAVIDSON & KAPPEL, LLC

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I hereby certify that this correspondence and/or documents referred to as attached therein and/or fee are being deposited with the United States Postal Service as "first class mail" in an envelope addressed to "Commissioner for Patents, Alexandria, VA 22314-1450" on

June 11, 2004.
DAVIDSON, DAVIDSON & KAPPEL, LLC

BY: DAVIDSON & KAPPEL, LLC